PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032

Date

May 28, 2010

Under the Paperwork Reduc	uired to res	respond to a collection of information unless it displays a valid OMB control number						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Number		10/579,211-Conf. #6592		
FEE TRANSMITTAL				Filing Date		May 12, 2006		
Y				First Named Inventor		Toshihiko SHIRASAGI		
For FY 2009				xaminer Name	1	A. L. Verderame		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1795		
TOTAL AMOUNT OF PAYMENT (\$) 180.00			A	Attomey Docket	No.	SON-3162		
METHOD OF PAYMENT	(check all t	hat apply)						
Check Credit Ca	ard N	Money Order	None	Other (please identify	<i>(</i>):		
x Deposit Account Depos	it Account Numb	Der: 18-0	 013	. Deposit /	Account Name	Rader, Fish	man & Gra	uer PLLC
For the above-identif			ector is h		ed to: (chec	k all that apply)		
x Charge fee(s)	•		00.01	_ 	•	icated below, e		ne filina fee
x Charge any additional fee(s) or underpayments of x Credit any overpayments							Acopt to t	
fee(s) under 37				X Cledit	any overpa	iyinenis		
FEE CALCULATION			•					
1. BASIC FILING, SEARCH,	, AND EXAM	MINATION FEES	S					
	FILIN	FILING FEES SEARCH FEES EXAMINATION FEES				;		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	030	0		
2. EXCESS CLAIM FEES	220	110	U	U	U	O		Small Entity
Fee Description							Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims	(-8,					390	195
Total Claims		Fee	Fee Paid (\$)		Multiple Dependent Claims			
- or HP = x =						Fee Paid (§		
HP = highest number of total clain					<u> </u>	- 141		
Indep. Claims		Fee	Paid (\$)				_	
or HP =	x	=						
HP = highest number of independ	ent claims paid	for, if greater than	3.					
3. APPLICATION SIZE FEE								
If the specification and dra								•
listings under 37 CFR 1 sheets or fraction thereo					or small er	itity) for each a	dditional 5	0
			-	` '		F== (#)	Eas	Daid (¢)
<u>Total Sheets</u> <u>Ex</u> - 100 =	tra Sheets	/50 =		itional 50 or frac			=	Paid (\$)
4. OTHER FEE(S)				•	,		Fees	Paid (\$)
Non-English Specificatio	n, \$130 fe	e (no small enti	ty discou	nt)				
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00								
Other (e.g., late filing su	charge 12	306 Submissio	n of an I	nformation D	isclosure	Statement	18	30.00
SUBMITTED BY	charge: 18	306 Submissio	n of an I	nformation D	isclosure	Statement	18	30.00

Name (Print/Type) Christopher M. Tokin